

State of Connecticut Department of Public Safety Division of State Police

| DPS-90-C (Rev. 04/'03) CRIMINAL INFORMATION SUMMARY ADDITIONAL PAGES | | | | | |
|---|--|--------------------------------------|-----------------------------------|------------------------|-------------------|
| FROOP / UNIT: G/WDMCS | OTHER INVOLVE | ED AGENCY: 🗌 NO 🛛 YE | S, Lincoln A | Alabama | PD |
| | TIGATING TROOPER / OF Ciely # 905 | | DPS CASE NUMBER: DPS 05-028668 | | |
| LOCATION OF INCIDENT (STREET NAME AN | | | | | |
| Entrance Ramp to Rte. 34 New Haven, CT | | | | | |
| SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE UNDER INVESTIGATION On 07/09/05 at approximately 0400 hours, with the assitance of the Lincoln Alabama Police Department the suspect | | | | | |
| (Derrick Dickinson) of a homocide investigation was taken into custody without incident. The suspect awaits extradition | | | | | |
| to Connecticut for the charges of Manslaughter in the First Degree 53a-55 and Assault Second Degree 53a-60. | | | | | |
| | | | | | |
| VICTIM:(DO NOT IDENTIFY ANY JUVENILE B | | | | | |
| NAME / BUSINESS / AGENCY: M Classified M. Thomson | | | | NILE: YES | INJURED: ☐ YES |
| Cleveland M. Thomas | 163 West 3 rd St. Mt. Vernon, NY | | AG | AGE: NO | |
| NAME / BUSINESS / AGENCY: | M ☐ F ADDRESS: (TOWN/CITY&STATE ONLY) | | JUVE | NILE: YES | INJURED: |
| | | | AG | | □ NO |
| NAME / BUSINESS / AGENCY: | F ADDRESS: (TOWN/CT | TY&STATE ONLY) | | NILE: | INJURED: |
| | 2 200 | | 1000 | YES | ☐ YES ☐ NO |
| A BOECTED, /DO NOT IDENTIFY ANY HIVENIL | E BYNAME OB ADDRESS A | E HIVEARI E WARTE A BUVENU EN IN TUR | AG | | |
| ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS- IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD) NAME: M F DOB: ADDRESS: | | | | | |
| Derrick Dickinson AKA "Brick" 03/04/71 644 Schroeder St. Apt # 44 Yonker, NY | | | | | |
| CHARGES: | COURT: | BOND: | OND: INJURED: SURETY SYSS D | | |
| 1.53a-55 2.53a-60 | ⊠ NON-SURETY □ WPTA | | | AMBULANCE: | |
| 3. | TOWN: New Haven | AMOUNT 8: 500,000 | Trocover. | | ⊠ NO |
| /4. | ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTION | | TIONS @: | HOSFII | AL. |
| | DATE: Extradition | _ national to conduct | ,,,o,,,o,, | 21111 | |
| NAME: | F DOB: | ADDRESS: | | | |
| CHARGES: | COURT: | BOND: | | INJURE | D: |
| 1. | GA: | ☐ CASH ☐ SUR ☐ NON-SURETY ☐ WPT | | | NO NO |
| 2. | AMOUNT S. | | A | AMBULANCE: ☐ YES ☐ NO | |
| 3. | TOWN: | TO BE PRESENTED AT COURT HOSPITAL: | | AL: | |
| 4. | DATE: | ☐ TRANS TO DEPT OF CORREC | DEPT OF CORRECTIONS @: | | |
| NAME: | F DOB: | ADDRESS: | | | |
| CHARGES: | COURT: | BOND: | - | INJURE | D: |
| 1. | GA: | ☐ CASH ☐ SUR | □ SURETY □ YES □ | | |
| 2. | | □ NON-SURETY □ WPI | TA. | AMBUL. | |
| 3. | TOWN: | AMOUNT S: ☐ TO BE PRESENTED AT COUR | AT COURT HOSPITAL: | | |
| 4. | DATE: | TRANS TO DEPT OF CORRECT | | | |
| NAME: D M | | ADDRESS: | | | |
| | | | | | |
| CHARGES: | COURT: | BOND: | | INJURE | |
| 1. | GA: | ☐ CASH ☐ SURI | | ☐ YES | □ NO ANCE: |
| 2. | TOWN: | AMOUNT S: | 7.773 | ☐ YES | □ NO |
| 3. | 101111 | TO BE PRESENTED AT COUR | | HOSPITA | AL: |
| 7. | DATE: | ☐ TRANS TO DEPT OF CORREC | HONS @: | | |
| SUPERVISOR'S APPROVAL REQUIRED: INITIALS: Lb ID#: 207 DATE: 7/9/65 | | | | | |
| THIS INFORMATION IS BEING RELEASED TO THE FUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 960.695.9230. FAV. 960.695.9230. TO DE | | | | | |